EDGEWATER HAVEN NURSING HOME

1351	WISCONSIN	RIVER	שת	
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PORT EDWARDS	54469	Phone: (715) 885-8300	1	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Conj	unction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/04):	117	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	123	Title 19 (Medicaid) Certified?	Yes
Number of Resid	lents on $12/31$	/04:	97	Average Daily Census:	92

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%		
Home Health Care No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	42.3		
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	2.1	   Under 65	10.3	1 - 4 Years   More Than 4 Years	18.6		
Day Services	No	Mental Illness (Org./Psy)	17.5	61del 65   65 - 74	11.3	More man 4 lears			
Respite Care	Yes   Mental Illness (Other)		10.3	75 - 84	37.1		100.0		
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	28.9	********	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.4	Full-Time Equivalent			
Congregate Meals No		Cancer	1.0			Nursing Staff per 100 Reside			
Home Delivered Meals No		Fractures	7.2		100.0	(12/31/04)			
Other Meals	Yes	Cardiovascular	17.5	65 & Over	89.7				
Transportation	No	Cerebrovascular	17.5			RNs	17.8		
Referral Service	Yes	Diabetes	8.2	Gender	왕	LPNs	7.9		
Other Services	Yes	Respiratory 3.1				Nursing Assistants,			
Provide Day Programming for	ovide Day Programming for Other Medical Conditions		15.5	Male	34.0	Aides, & Orderlies	60.3		
Mentally Ill	ally Ill No			Female	66.0				
Provide Day Programming for			100.0	İ					
Developmentally Disabled No				İ	100.0				
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## Method of Reimbursement

		Medicare 'itle 18			Medicaid Sitle 19			Other		]	Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	용	Per Diem (\$)	No.	~~~~	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	 1	11.1	293	2	2.9	137	0	0.0	0	2	10.5	161	0	0.0	0	0	0.0	0	5	5.2
Skilled Care	8	88.9	295	62	89.9	118	0	0.0	0	17	89.5	155	0	0.0	0	0	0.0	0	87	89.7
Intermediate				5	7.2	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	5.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		69	100.0		0	0.0		19	100.0		0	0.0		0	0.0		97	100.0

EDGEWATER HAVEN NURSING HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					0 27 3'		
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	6.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent 1	Residents
Private Home/With Home Health	2.8	Bathing	1.0		82.5	16.5	97
Other Nursing Homes	2.8	Dressing	8.2		76.3	15.5	97
Acute Care Hospitals	85.4	Transferring	26.8		58.8	14.4	97
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.8		59.8	14.4	97
Rehabilitation Hospitals	0.0	Eating	72.2		19.6	8.2	97
Other Locations	2.1	******	******	*****	*****	*******	*****
Total Number of Admissions	144	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.2	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	26.6	Occ/Freq. Incontiner	nt of Bladder	62.9	Receiving Trac	heostomy Care	1.0
Private Home/With Home Health	25.9	Occ/Freq. Incontine	nt of Bowel	55.7	Receiving Suct	ioning	1.0
Other Nursing Homes	3.5	į			Receiving Osto	my Care	1.0
Acute Care Hospitals	2.1	Mobility			Receiving Tube	Feeding	4.1
Psych. HospMR/DD Facilities	1.4	Physically Restraine	ed	16.5	Receiving Mech	anically Altered Diets	23.7
Rehabilitation Hospitals	0.0	İ			3	•	
Other Locations	12.6	Skin Care			Other Resident C	haracteristics	
Deaths	28.0	With Pressure Sores		4.1	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		6.2	Medications		
(Including Deaths)	143					hoactive Drugs	55.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	wnership: Bed Size:			Lic	ensure:		
	This	Gove	ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.3	87.2	0.85	86.9	0.86	87.7	0.85	88.8	0.84
Current Residents from In-County	91.8	54.3	1.69	80.4	1.14	70.1	1.31	77.4	1.18
Admissions from In-County, Still Residing	27.1	25.2	1.07	23.2	1.17	21.3	1.27	19.4	1.40
Admissions/Average Daily Census	156.5	55.2	2.84	122.8	1.27	116.7	1.34	146.5	1.07
Discharges/Average Daily Census	155.4	59.6	2.61	125.2	1.24	117.9	1.32	148.0	1.05
Discharges To Private Residence/Average Daily Census	81.5	21.2	3.85	54.7	1.49	49.0	1.66	66.9	1.22
Residents Receiving Skilled Care	94.8	87.1	1.09	96.9	0.98	93.5	1.01	89.9	1.05
Residents Aged 65 and Older	89.7	87.7	1.02	92.2	0.97	92.7	0.97	87.9	1.02
Title 19 (Medicaid) Funded Residents	71.1	77.9	0.91	67.9	1.05	68.9	1.03	66.1	1.08
Private Pay Funded Residents	19.6	16.8	1.17	18.8	1.04	19.5	1.00	20.6	0.95
Developmentally Disabled Residents	2.1	0.5	4.40	0.6	3.29	0.5	4.18	6.0	0.34
Mentally Ill Residents	27.8	46.5	0.60	37.7	0.74	36.0	0.77	33.6	0.83
General Medical Service Residents	15.5	21.0	0.74	25.4	0.61	25.3	0.61	21.1	0.73
Impaired ADL (Mean)	43.7	44.6	0.98	49.7	0.88	48.1	0.91	49.4	0.88
Psychological Problems	55.7	66.5	0.84	62.2	0.89	61.7	0.90	57.7	0.96
Nursing Care Required (Mean)	5.2	8.7	0.59	7.5	0.69	7.2	0.71	7.4	0.69